

2251

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index - - No. 83	
1. County <u>La</u>			County Registrar's No. 145	
District _____			Local Registrar's - No. _____	
Town or City <u>Miami</u>			St. _____ Ward _____	
2. FULL NAME <u>Alexander Duval Taylor Sr</u>				
(a) Residence. No. <u>408 Indian</u> St. _____ Ward _____				
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)				
No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)				
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WID-OWED or DIVORCED (write the word)		
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mrs Margaret Taylor</u>				
6. DATE OF BIRTH (month, day and year) <u>1850</u>				
7. AGE <u>72</u>	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (city or town) (State or country) <u>Arkansas</u>				
10. NAME OF FATHER <u>Taylor</u>				
11. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Texas</u>				
12. MAIDEN NAME OF MOTHER _____				
13. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Texas</u>				
14. Informant (Address) _____				
15. Filed <u>Apr 12, 1923</u> <u>C. E. Irwin</u> Registrar				
V. S. No. 1				
MEDICAL CERTIFICATE OF DEATH				
16. DATE OF DEATH (month, day, and year) <u>April 11, 1923</u>				
17. I HEREBY CERTIFY, That I attended deceased from <u>April 1921</u> to <u>April 11, 1923</u> that I last saw him alive on <u>April 11, 1923</u> and that death occurred, on the date stated above, at _____m. The CAUSE OF DEATH* was as follows: <u>Exhaustion</u>				
(duration) yrs. mos. ds.				
CONTRIBUTORY <u>Cardio - Nephritis</u> (Secondary)				
(duration) 2 yrs. mos. ds.				
18. Where was disease contracted if not at place of death? _____				
Did an operation precede death? <u>No</u> Date of _____				
Was there an autopsy? <u>No</u>				
What test confirmed diagnosis? _____				
(Signed) <u>Charles E. Irwin</u> , M. D. 19 (Address)				
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Globe Cemetery</u>			DATE OF BURIAL <u>Apr 12 1923</u>	
20. UNDERTAKER <u>J. H. Miles</u>			ADDRESS <u>Miami</u>	